NATIONAL Assessment	Centre Services   purt 1 Janos	M NA118043449		
Date In: 2/4/18-12:47	Job description	Date & Time Completed	Done by	
Res No: NA INC 8005973 Czy	SAS e-filing			
Veh No: 49 17959	E-mail (within Shrs, AIC 2h	15)	- Carrier - Carr	
D.O.A .: 29/3/18-00:30	i-Motor Claim Form	MT/0988536	> 4 18 - 15:53	3
	i-Motor W/O (Within: O	D 2hrs, TP 4hrs)		
OD) TP : Reporting Only	i-Photo Uploaded			
	Assessment/Survey Repo	ort		
TP Insurer:	Ass't Report by Fax / Ha	and to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / Q	W: (	Tel:	Fax:	)
TP Particulars: Veh No	: Rooftop . IN	C( )/Non-INC( ).	10.00	
Owner / Driver: (		Tel:	)	
Policy No: (	) Period: (	) Cover Type: (		
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N:		100%]	
Year of Registration: (	) Warranty: YES ( )/NO	( )		
	g:\$1,000()/\$2,000()	Construence Constitution (Constitution)	mase graye	-
General Remarks:	the first of the second	S. Culanta NO series of sepairer	Section 18:	-
	er's information strictly Confidential	& Strictly NO 13let of Tepatien.		
( ) Total Loss Case : to e-mail		; Towing Co: (	· · · ·	)
			ETROPICO NO	
Remarks:- (INC hotline: 6788)		Date&Time Completed:	Done by	
1) Apply for Transport Allowance (		*	1	
2) QC Check / Post Repair Inspection				
3) Upload Resurvey Photo [Repair Co	ost > \$3000] ( )			
Injury:				
Date/Time Actions	1144	- 7 - F T 1945	FROM CHOIF	
			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
			- MANAGE HIERONOM	
****			Anit (S) An	mt (3)
NA 1802 144 .	900 X 200 X	Preparation Checklist	Section 19 1 The Section 19 19 19 19 19 19 19 19 19 19 19 19 19	d Bill
laimant's Particulars :-	1) AR : Ac 2) DA : Da	cident Reporting (\$30); mage Assessment (\$100); INC (	\$80)	
river/Owner:	3) TF : To		40/\$45 \$120	
	5) FT : Fol	low-Through Survey (Resurvey)	\$30	
Contact No:	For clair 6) TR: Re	ning against INC Only (wef 10 Jan 20)	\$75	
amaged Portion:	7) N1 : Ida	o DA + SMRT Survey	\$160	
	3 8) NTUC /	Additional Services:-		
C Checked by (Engr-In-Charge):	*N5: Co	ourlesy Car / Tpt Allowance	\$10	
The state of the s	*N7: Po	pair Co-ordination st Repair Inspection	\$25	
uditors' Comments :-		V / Collect Excess Coordination 1): TP (Non INC) against INC	\$20	
a <u>t, 1:</u>	9) N12: Id	ac Mobile	30 d	nje
at. 2 / 3;	Invoice da		MARKET COLUMN	5000

to prost the

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCID	ENT	СТАТ	= M	ENT
ACCID	-11	5	ī	

02/04/2018 12:47 Date Of Report 29/03/2018 00:30 Date Of Accident

61 ALPS AVE DRIVEWAY Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

YP3795P Vehicle Registration Number

Insured/Policyholder

LOADED SERVICES PTE LTD Name Of Registered Owner

200010432N Co Reg No NOEMAIL Email Address

Mobile Phone No

OFFICE-65468936 Alternative Phone No

**Vehicle Particulars** 

MITSUBISHI Manufacturer

FUSO FK62FMZ1RDEB Model

Exact Purpose for which vehicle was being used at WORKING

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

YES

If No. Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

**Insurance Company** 

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5089776504-01 Policy Number

Cover Note Number

Driver

NENG MONG PHU Name of Driver

S0071013Z NRIC No 31/05/1950 Date Of Birth OUTDOOR Occupation 18/10/1979 Date Of Driving Pass

38 YEARS AND 5 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-91733554 Mobile Number

Fax Number

OFFICE-91733554 Contact Number

NOEMAIL EMail Address

Address

BLK 95 BEDOK NORTH AVENUE 4

#08-1407

Postcode

460095

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

## General Information of the Accident

Type Of Accident

COLLIDED INTO PROPERTY

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

1

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

## REFER TO STATEMENT.

## Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

ROOFTOP

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

GOVERNMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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	-		

# DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG 61 ALPS AVE DRIVEWAY. I ACCIDENTALLY HIT ONTO THE ROOF (STRUCTURE).

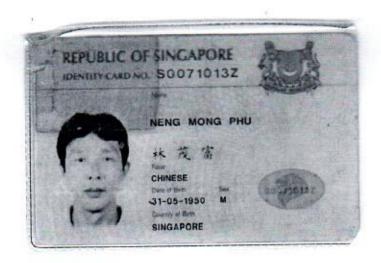
# ACCIDENT STATEMENT

CA	MON: 61 Alps & Ave Driveway.
1	DETAILS OF VEHICLE
-	GIVEHICLE NUMBER: YP3 1931
146	HUNGUPANCE COMPANY: NIV
Ż	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	WALLES ALLONS AND
	FITURE (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE, OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	h)PURPOSE OF USING AT ACCIDENT TIME: WO CHOO
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE TYES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
	IF NO, PLEASE STATE (THIRD PARTY CEASING) RELIGIONS
2.	A) NAME: Log dod Services Pte und [MALE/FEMALE]
	AJNAME. 65068936
"	Дио
	c)ADDRESS:
-	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
	122
3.	(MATE FEMALE)
	b)NRIC/FIN/PASSPORT: 560710132 CONTACT: 917 33354
	CIADDRESS: BIC 95 Beloje North Are 4 208-1407 (460095)
	CIADDRESS: PILC TR MODIC
	*d)DATE OF BIRTH: (31/5/40)(DD/MM/YYYY)
	ACCCURATION: (INDOOR / OUTDOOR)
	e)OCCUPATION: (INDOOR / OUTDOOR)
,	e)OCCUPATION: (INDOOR / OUTDOOR)
4.	6)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: 8 13 1979  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES: NO)
	6)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: 8 13 1979  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES ) NO)  IF NO. RELATIONSHIP OF THE DRIVER WITH INSURED:
	6)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: 19 1979  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS.
5.	6)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: 8 10 1979  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  D)WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  b)ROAD SURFACE: (DRY / WET / OTHERS)
5.	e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: 19 1979  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)
5.	e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: 19 1979  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  G]REPORTED TO POLICE (YES / NO)
5. 6. 7.	e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: 19 1979  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS.  b)ROAD SURFACE: (DRY / WET / OTHERS.  WAS ANYBODY INJURED (YES / NO)  G)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE
5. 6. 7.	e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: 19 1979  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS.  b)ROAD SURFACE: (DRY / WET / OTHERS.  WAS ANYBODY INJURED (YES / NO)  G)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE
5. 6. 7.	e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: 18 1939  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!) NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  G)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  G) VEHICLE NUMBER: OSCIAL (SINCE) MODEL: 1400 64
5. 6. 7.	e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: 19 1939  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS.  b)ROAD SURFACE: (DRY / WET / OTHERS.  WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  a) VEHICLE NUMBER: OSCI (SICOLOGIC) MODEL:  b) DRIVER'S NAME: (Industrie)
5. 6. 7.	e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: 18 1939  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS.  b)ROAD SURFACE: (DRY / WET / OTHERS.  WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  G) VEHICLE NUMBER: OSCI (FINE MODEL: 10 MODEL: 11 Model)  b) DRIVER'S NAME: CONTACT: 11 MODEL: 11 Model  C) NRIC/FIN/PASSPORT: 11 CONTACT: 11 MODEL: 11 Model
5. 6. 7.	e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: 19 1939  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!) NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS.  b)ROAD SURFACE: (DRY / WET / OTHERS.  WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  a) VEHICLE NUMBER: 5000 (SIGNED MODEL: 1000 M
5.	e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 19 1939 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS.  b)ROAD SURFACE: (DRY / WET / OTHERS.  WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  G) VEHICLE NUMBER: OSCI (SICOLOGY) MODEL:  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT: THIRD PARTY VEHICLE

Qmail =

lax =









eBaoTech									Gene	eralClaim
Hello, NAC_PAYA_UBI_8006	501		a second			. (	Change Lan	guage	Change Passwo	rd · Log Out
My Desktop Notice of Loss	Policy N	o. No.(For Motor)	VP3795P			Date of Acci	ident	29/03	2018 00:30	
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	* A: E-00	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5089776504	LOADED SERVICES PTE LTD	200010432N	GFT	Comprehensive	YP3795P	YP3795P	29/08/2017	
					1	Continue				

Polic	y Information	Dalla A LLI		Policyholder	
Policy No.	5089776504	Policyholder Name	LOADED SERVICES PTE L	TD Policyholder	200010432N
Address	61 ALPS AVENUE SINGAPORE	E 498798			
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	05/04/2017	Effective Date	13/04/2017 00:00	Expiry Date	02/04/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	PRO-LINK INSURANCE AGEN	ICY Agent Tel.	65672149	GST Flag	Y
Co- insurance Flag Open Policy Info Certificate Info	No				
701100	nolder Mailing Address				
Address 1	61 ALPS AVENUE	Address 2	SINGAPORE 498798	Address 3	
Address 4		Address Type	Singapore address	Post Code	498798
Unit No.		Related Policy Number	5094818242-01		
500000000000000000000000000000000000000	d Object: YP3795P				
▼ Endors     Sequen	Date of	Endorsement Type	Endorsement	Endorsement Status	Endorsement Content
1	15/05/2017 00:00 B	Basic Information indorsement	Number 000001286558332	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 2 additional vehicles as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. FK62FMA30297 17-05-2017 \$1,373.88 2. FK62FMA30296 17-05-2017 \$1,373.88 In view of this amendment, an additional premium of \$2,747.76 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would apprecial it if you could make payment us within 14 days from the day of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.

ccident MT/0988526									
folicy No.	5089776804	Vehicle No.	YP3795P		GS	ST Registration No	s.	2000104326	
olicynoider Name	LOADED SERVICES PTE LTD				Po	Ecyholder NRIC		2000104328	4
roduct Code	FLEET INSURANCE	Cover Type	Comprehensi	vė	Lo	ading		0	
iontact No. (Mobile)	ů .	Cornect No.(Office)	65468936		Co	intact No.(Home)		0	
	7	Special Remark			60	lode		(4: V	
mail Address FK	® No ○ Yes	YCA	® No ○Yes		wC	ode Reason			
	No.	NCD Entitlement(%)	0		Pri	ivate Hire		No	
CD Protection	Tep :	Man attended of the	Ži.						
Accident Details			C200415		200	cident Type		Collided into	Dynnarty
eport Date	02/04/2018 15:51	Accident Report Within 24 hrs	yes						or aparty.
ate of Accident	29/03/2018	Time of Accident hitcmm	00:30			untry of Accident		Bingapore	
eporting Centre		Orange Force			10	M No.			
ccident Location	51 ALPS AVE DRIVEWAY								
⇒ Benefits									
· Excess									
iwn damage Excess	600.00	Additional Excess			W	indscreen Excess			100.00
innamed Driver Excess		Outside Singapore OD Excess							
hard Party Excess	0.00	Outside Singapore TP Excess							
ST Registered Informa	ation								
ST Registered	Tels		GST R	registration Date		22/01/200	10		
ST Registration No.	2000104329		GST S	itatus Verified		Yes			
todification History									
▽ Policyholder Mailing Ad	dress								
Address 1	51 ALPS AVENUE	Address 2	SINGAPORE	498798	A	ddress 3			
Address 4		Address Type	Singapore ad	idress	P	ost Code		498798	
Unit No.		Related Policy Number	5094818242	-01					
→ OI Driver Info		A30000 PALLONS W. S. A.							
Driver Name	Unnamed Driver	Driver Type	Unnamed Dri	iver					
Annamed driver Name	NENG MONG PHJ	Driver NRIC	500710132		D	river DOS		31/05/1950	
Register Date of Driver License		Driver Age	67		D	riving Experience		38	
	91733554	Contact No. (Office)	0		c	ontact No.(Home	1	0	
Contact No.(Mobile)	BLK 95	Address 2				ddress 3		SINGAPORE	E 460095
						DOLAND 2			
	44.55			TH AVENUE 4					
		Address Type	Singapore ad			ost Code		460095	
Address 4 Unit No.	08-1407	Address Type			P	ost Code			
Address 4 Unit No. Does he pern a Singapore					P		ngany		
Address 4 Unit No. Does he own a Singapore Registered car?	08-1407	Address Type			P	ost Code	ngany		
Address 1 Address 4 Unit No. Does he own a Singapore Registered kar?  Declaration Breathalyser or Slood Test Reading?	08-1407	Address Type		ddress	P	ost Code	ngany		
Address 4 Unit No. Does he own a Singapore Registered car?  Declaration Breathalyser or Slood Fest	08-1407 ○ Yes <b>®</b> No	Address Type Driver Website No.	Singapore at	ddress	P	ost Code	ngany		
Address 4 Une No. Does he own a Singapore Registered Car?  Declaration Breathalyser or Stood Fest. Reading?	08-1407 ○ Yes <b>®</b> No	Address Type Driver Website No.	Singapore at	ddress	P	ost Code	ngany		
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?  Modification History	08-1407 ○ Yes <b>③</b> No 0 mg	Address Type  Driver Welscle No.  Any Injury?	Singagore ad	odress	D	oat Code	ngany	460095	27%
Address 4 Unit No. Does he own a Singapore Registered Car?  Declaration Breathshyser or Slood Test Reading?  Hoddination History  Claim 001 New	08-1407 ○ Yes	Address Type  Driver Website No.  Any Injury?  Insured Name	O Yes ® No	ddress	P 0	oat Code  Oniver Insurer Con		460095	2N.
Address 4 Une No. Does he own a Singapore Registered Car?  Declaration Breathalyser or Blood Test Reading?  Claim 001 New  Claim Type *	08-1407 ○ Yes <b>③</b> No 0 mg	Address Type  Driver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)	○ Yes ® N	odress	P 0	ost Code  triver Insurer Con  moured NRIC  consuct No.(Office	9	20001043; 05408030	2N
Address 4 Une No. Does he own a Singapore Registered Car?  Declaration Breathalyser or Slood Test Reading?  Claim 001 New  Claim Type *  Contact No.(Mobile)	08-1407  ○ Yes ® No  0 mg  00-Mb  97468240    oaded:s0singnet.com.sg	Address Type  Driver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)  OI Vehicle Number	O Yes ® No	odress	1 C	est Code  oriver Insurer Con  insured NRIC  contact No.(Office  TP Vehicle Numbe	) ,	460095	2N
Address 4 Unit No. Does he own a Singapore Registered Car?  Declaration Breathalyser or Blood Fest Reading?  Claim 001 New  Claim 1ype +  Contact No. (Mobile)  Email Address  Claim Description	08-1407 ○ Yes ® No.  0 mg	Address Type  Driver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)  OI Vehicle Number	○ Yes (®) No  LOADED SE  NIL  YP3795P	RVJCES PTE LTD	1 C	ost Code  triver Insurer Con  moured NRIC  consuct No.(Office	) ,	20001043; 05408030	2N
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Address 4 Unit No. Does he own a Singapore Registered Car?  Declaration Breathalyser or Slood Fest Reading?  Modification History  Claim 001 New  Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalization Date Registered	08-1407  O Yes ® No  O mig  OD-MD  97468240  Daddeds-Disingnet.com.sg  YP3795P / ROOFTOP Dix 29 Mar 2018	Address Type  Driver Vehicle No.  Any Injury?  Insured Name  Contact No.(Home)  OI Vehicle Number  Insured Liability *  Preference Repair Option	OADED SE	RVICES PTE LTD  At SISSING WORKShop	1 C	est Code  priver Insurer Con  priver Insurer NRIC  Contact No. (Office  To Vehicle Numbe  Name of Preferred	) ,	200010432 05468936 RODFTOP	<b>V</b>
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Attachment		uploaded By/Date	Category	P	Urgency	Description	Mag Sent? Au (CO)	ction
200 MA	NAC_PAYA_UBI_800501( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 Ap 7 2018 15:54	NR3C/ Driving License		Normal	NRIC/ Driving License 2018-4-2	,	Edit
99	NAC_PAYA_UBI_S00501( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 Ap + 2018 15:54	SAS		Normal	SAS 2018-4-2		Leit
	NAC_PAVA_UBI_B00601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 92 Ap 7 2018 15:54	Photos		Normal	Photos 2019-4-2	1	Edit
	NAC_PAYA_UBJ_800603( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 Apr r 2018 15:54	Photos		Normal	Photos 2018-4-2	,	Edit
13	NAC_PAYA_UBI_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 Ap r 2016 15:54	Photos		Normal	Photos 2018-4-2		Edit
7	NAC_PAYA_UBI_800601( NAT	TIONAL ASSESSMENT CENTRE SERVICES) on 02 Ap. 17 2018 15:54	Photos		Normal	Photos 2018-4-2	)	Edit
	NAC_PAYA_UBI_BD0601( NAT	TIONAL ASSESSMENT CENTRE SERVICES) on 02 Ap + 2018 15:54	Photos		Normal	Photos 2018-4-2		Edit
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36	NAC_PAYA_UBI_800601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 02 Ap r 2018 15:54	Photos		Normal	Photos 2015-4-2		Edit
449	NAC_PAYA_UBI_B00601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 02 Ap + 2018 15:53	Photos		Normal	Photos 2018-4-2		Edit
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	NAC_RAYA_UBL_800601( NA	TTONAL ASSESSMENT CENTRE SERVICES) on 92 Ap r 2018 15:53	Photos		Normal	Photos 2018-4-2		Edit
	NAC_PAYA_UBI_800601[ NA	TIONAL ASSESSMENT CENTRE SERVICES) on 02 Ap r 2018 15:53	Photos		Normal	Photos 2018-4-2		Edit
200	NAC_PAYA_UBI_800601( NA	ATTOMAL ASSESSMENT CENTRE SERVICES) on 02 Ap r 2018 15:57	Photos		Normal	Photos 2015-4-2		Edit
♥ Video List	Uploaded By/Date	Folder Date	File Name		Ŷ	Source	Action	

Display in New Window Scan and upleeding

# ASSIGNMENT (FDAC)

By CSO- Nature of Accident	2			By Assessor-1) Vehicle Information
1) Vehicle hit Vehicle:	2) Vehicle hit ??			Veh No: YP 3795 P Yr Regn: 29 Aug 2016
a) Motorcar ( )	a) Pedestrian	(	1	Type: M.Car / M.Cycle / Bus / Van / Corry / Taxi / Prime Mover / HPV
b) M/cycle ( )	b) Animal	(	)	/ Truck / Trailer or
o) Bicycle ( )				Make & Model Mitsubishituro FK 62 00 7545
3) Vehicle hit Road Side Objects:				Colour White Transmission Type: Auto Manual
a) Govm.Property ( )	b) Road Work Object	(	7	Eng/No: Sp.Reading: (7 \$5)
(Eg: signboard, barrier, tree etc)	c) Private Property	(	)	CINO: FK 62 FM A 3019 F
4) Vehicle drop into drain		(	)	Gen. Cond: Good / Felt Poor / Burnt or
5) Damage due to Act of God:				Steering: Never / Jammed / Leaked / Burnt or
a) Fallen Object ( )	b) Flood	(	)	Brake: Gorder / Jammed / Leaked / Burnt or
c) Other,				Modi: Ni / S/Rim / STD A/Rim or
6) Parked & Found Damaged:				Tyre Size: F: 245/70 R19
a) Vandalism ( )	b) Hit by Moving Object	(	)	R:
7) Theft Case				BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
a) Stolen ( )	b) Damage found	(	)	TOYO / YOKO or
	when recovered.			Front Rear
8) Fire				R/Bal. mm R/Bal. 7) mm
a) Whilst driving ( )	b) Parked	(	)	L/Bal mm L/Bal mm
			8	
9) Accident date more than 24hrs		(	)	Parallel Import: Yes / No Towed-In: Yes / No
				Repair Type: LS/ I.B.I Towing Required: Yes / No
Remarks for internal information				No of Repair Days: Q Vehicle in Idac: Ves / No
				D.O.L. 3/4/2018 Time: F.35am
				By Assessor- 2) Comments
			680×7:	1) Damages not due to recent accident.
				2) Damages do not seem hit onto:
Remarks to appear in Works Orde	r & Assessment report			a.Vehicle ( ) b.Motorcycle ( ) c.Bicycle ( ) d.Pedestrian ( )
1) Potential Total Loss ( )				e.Animal( ) f.Govrn Object( ) g.Road Work Object( )
2) SRS Light on ( )	1			h.Private Property ( ) i.Drain ( ) j.Road Kerb/Grass Verge ( )
3) ABS Light on ( )				3) Vehicle does not seem damaged as a result of:
**** *				a.Fallen Object ( ) b.Flood ( ) c.Vandalism ( ) d.Fire ( )
		-		e.Moving Object ( ) f.Stolen ( ) g.Stolen & Recovered ( )
		-		Time Started: Time completed:
			-	
1111				1/CSO
				2) ASS

3) Entire Operation Completed Time:

Condition (CON)

(01)Bent (2)Denoted (3)Dimented (4)Cincked (5)Cin (6)Senoched (07)Deformed (08)Shifted (09)Struckled (10)Binsten (11)Necessary (12)Missing (13)Tom (14)Unconfirmed (15)Nex Working

# VAN/LORRY (Frt)

 $\begin{array}{lll} \Delta C.DON(\Delta C) \\ 1DReplace(\sqrt{-}) & (2)Repair() & (3)Clark(t) \\ (4)610t Consistent (9C) & \end{array}$ 

Asset 20016

Vehicle No:	YP	37	95 P
		The second second	the state of the s

-	Portion	The state of the s	
NAC		Item	CON AC Qt
1001	991886	Frt Number Plate	
1002	991887	Frt Number Plate Base	
2001	991300	Frt Bumper	
2001	991477	Frt Bumper Upper	
2003		Frt Bumper Lower Frt Bumper Side Cover	
2004	001443	Frt Bumper Side	
1006	001226	Par Dumper Side	
1008	991323	Frt Bumper Bracket	
2005	001466	Frt Bumper Reinforcement	
1017	991400	Frt Bumper Signal Lamp	
-	001255	Fit LH Bumper Fog Lamp Cover	
1018	991355	Frt RH Bumper Fog Lamp Cover	
1020	995079	Frt LH Bumper Fog Lamp Frt RH Bumper Fog Lamp	
1021	001702	Fit Grille	
1022		Frt Grille Emblem	
2006		Frt Grille Sticker	
1023		Frt Grille Chrome Moulding	
2007-	991891	Frt Panel	
2008		Frt Lower Panel	
2009	991328		
2010	990247	A STATE OF THE STA	
2011	and the section of the section of	Frt Panel Garnish	
1024		Frt Apron Panel	
2012	991527	Frt Corner Panel	
2013	991532		1-1-
2014		Frt Signal Lamp LH	
2015	995246	Frt Signal Lamp RH	
1029	995153	Frt LH Headlamp Assy	
1030	991821	Frt RH Headlamp Assy	
1031	995088		
1032	995089	Frt RH Side Lamp	
2016	992149	Frt Wiper Panel	
2017	995043	Frt Wiper Nozzle	
1120	992140	Frt Wiper Arm	
1121	992142	Frt Wiper Blade	
2018	992145	Frt Wiper Link	
2019	992148	Frt Wiper Motor	
1122	995045	Wiper Panel Garnish	
1114	992093	Frt Windscreen	
1115	992097	Frt Windscreen Rubber	
1117	992098	Frt Windscreen Sealant	
2020	992114	Frt Windscreen Outer Pillar	
2021	992113	Frt Windscreen Inner Pillar	
1118	991019	ERP Bracket	
1119		ERP Unit	
2022		Frt Side Mirror (Big)	
2023		Frt Side-Mirror (Small)	
2024	991962	Frt Side Mirror (Round)	
2025	995015	Frt Wing Mirror Stay	
1025	992013 990248	Frt Support Panel	
1033	The second	Bonnet	
1035	Problem President Control of the Strict Control	Bonnet Lock	
1037		Bonnet Hinge	
1039	990305	Bonnet Rubber	
1042	990119	Air Con Condenser	
1043		Air Con Fan Assy	
048		Air Con Liquid Pipe	
-		Air Con Receiver Drier	
052	Mark Colored Street	Radiator	
053		Radiator Cowling	
F1 C 4		Radiator Fan Assy	
	992758	Radiator Hose Top	
056		Radiator Expansion Tank	
056 058	992741	The state of the s	
056 058 026	992741 992596	Oil Cooler	
056 058 026 079	992741 992596 994431	Oil Cooler Power Steering Cooler Pipe	
056 058 026 079 059	992741 992596 994431 990151	Oil Cooler Power Steering Cooler Pipe Air Duct	
056 058 026 079 059 060	992741 992596 994431 990151 990070	Oil Cooler Power Steering Cooler Pipe	

		Vehicle No:	147		1
NAC	INC	Item	CON	AC	Otv
1085	991011	Engine Under Cover	COL	-	1517
1086	990946	Engine Mounting			
2027	991500	Frt Cabin Assy			
2028	and the second second second	Frt Cabin Mounting			
72029	991502			1	
1092	991520	Frt LH Chassis Member			
1093	991520	Frt RH Chassis Member			
1094	990728	Frt Vertical Cross Member			
1095	991863	Frt Lower Cross Member			
2030	990143	Air Con Evaporator Assy			
2031	990106	Air Con Blower			
1082	990427				-
1083	990403	Brake Booster Pump Assy			
2032	990431	Brake Pedal			
2033	990021	Accelerator Pedal		-	-
2034	990627	Clutch Pedal		-	-
1127	the second section and the second	Steering Wheel Airbag			
1128	994485	Steering Wheel Airbag Sensor			
1131	990029	Airbag Control Unit			-
1133	991922	Frt RH Seat Belt Assy			
1135	The fact of the last of the la	Frt LH Seat Belt Assy			
1124	The second second	Dashboard Assy			
1125	992282	Glove Box Cover			
1126	992281	Glove Box Compartment			
1096	Commence of the Second	Frt LH Fender			
1097		Frt LH Fender Inner Panel		-	
1100		Frt LH Fender Inner Shield			-
1101		Frt LH Mudflap			-
2035		Frt LH Wheel Guard		$\dashv$	-
1102		Frt LH Wheel Rim			
1104	995065	Frt LH Tyre			-
1105	995071	Frt RH Fender			-
1106		Frt RH Fender Inner Panel		$\neg$	
1169		Frt RH Fender Inner Shield			
1110		Frt RH Mudflap			
2036	994966	Frt RH Wheel Guard			
1111	992087	Frt RH Wheel Rim			
1113	995065	Frt RH Tyre			-
1255		The Control of the Co			7.5
1256	995140	Frt LH Door Protector			
1257		Frt LH Door Hinge			
1258	995142	Frt LH Door Wing Mirror	1		
1262	995103	Frt LH Door Glass			
1263	991595	Frt LH Door Glass Regulator			
1264	991596	Frt LH Door Glass Regulator Motor			
1265	991662	Frt LH Door Rubber			
1266	991636	Frt LH Door Outer Handle			
1272	THE RESERVE TO SHARE THE PARTY OF THE PARTY	Frt LH Door Inner Trim Board			
1316	995327	Frt RH Door			
1317					
1318	991601	Frt RH Door Hinge			
1319		Frt RH Door Wing Mirror			
1323		Frt RH Door Glass			
1324	991595	Frt RH Door Glass Regulator			
1325	991596				
1326	991662	Frt RH Door Rubber			
1327		Frt RH Door Outer Handle			
1333					
2037		Frt Door Frt Pilfar			
2038	991657	Frt Door Rear Pillar			
2039	992072	Frt Wheel Arch Panel			
2040		Frt Wheel Arch Panel Garnish			
2041		Frt Step Panel			
2042		Frt Step Panel Top Garnish			
2043		Frt Step Panel Inner Garnish	Service		
1073	995053	Wiper Washer Tank			
1136	990247	Sticker	NEC	1	
	1	Rear Box	BR	1	
		h - LH Lock Col	EN BT	1	

laim Handling					·_T/	US DAY SAIN
		Vehicle No.	YP3795P	GST Registration No.	200010432N	
olicy No.	5089776504	VEHICLE NO.	112720	Policyholder NRJC	200010432N	
skcyholder Name	LOADED SERVICES PTE LTD	2000	Comprehensive	Loading	0	
roduct Code	FLEET INSURANCE	Cover Type	65468936	Contact No (Home)	0	
ontact No.(Mobile)	0	Contact No.(Office)	0.700.00	eCode	No V	
mail Address		Special Remark	Own Own	eCode Reason	(35.2)	
7K	® No ○ Yes	TCA	® No ○Yes	Private Pire	No	
ICD Protection	No	NCO Entitlement(%)	0	Single rate		
Accident Details				Andreas Tons	Collided Into Property	
eport Date	02/04/2018 15:51	Accident Report Within 24 hrs		Accident Type  Country of Accident	Singapore	
Nate of Accident	29/03/2018	Time of Accident hh:mm	66:30	ICM No.	and the second	
eporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	activities.		
codent Location	61 ALPS AVE DRIVEWAY					
P Benefits						
♥ Excess				Windscreen Excess		100.00
Iwn damage Excess	600.00	Additional Excess		00/21/25/E4/E6/99/		
Innamed Driver Excess		Outside Singapore OD Excess				
Third Party Excess	0.00	Outside Singapore TP Excess				
□ GST Registered Inform	mation		535355555555	22/01/2001		
ST Registered	Yes		GST Registration Date GST Status Verified	Yes		
SST Registration No.	200010432N		COT STATE OF THE			^
todification History						9
Policyholder Mailing A	Address		0/9/30/2027/2020	220.00		
Address 1	61 ALPS AVENUE	Address 2	SINGAPORE 49879R	Address 3	498798	
Address 4		Address Type	Singapore address	Post Code	498798	
UNE NO.		Related Policy Number	5094818242-01			
□ OI Driver Info						
Driver Name	Unnamed Oriver	Driver Type	Unnamed Driver	Driver DOB	31/05/1950	
Unnamed driver Name	NENG MONG PHU	Driver NRIC	500710132		36	
Register Date of Driver License	18/10/1979	Driver Age	67	Driving Experience		
Contact No.(Mobile)	91733554	Contact No.(Office)	a	Contact No.(Home)	0	
Address 1	BUK 95	Address 2	BEDOK NORTH AVENUE 4	Address 3	SINGAPORE 460095	
Address 4		Address Type	Singapore address	Post Code	460095	
unit No.	08-1407					
Does he own a Singapore Registered car?	O Yee ⊕ No	Driver Vehicle No.		Driver Insurer Company		
<b>▽</b> Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No			
Hodification History						
⇒ Investigation						
Claim 001 OD-MD						ICS SAL QU
♥ Claim Case Officer	Tan Siew Choo			W. (1) (1) (1) (1)		the same time
Claim Type	OD-MD	Insured Name	LOADED SERVICES PTE LTD	Insured NRIC	200010432N	
Contact No.(Mobile)	97468240	Contact No.(Home)	NIL	Contact No.(Office)	65468936	
Email Address	toadedis@singnet.com.sg	OI Vehicle Number	1P3795P	TP Vehicle Number	ROOFTOP	
Claim Description	YP3795# / KOOPTOP ON 29 Mar 2015			Name of Preferred Workshop		
Preferred Workshop Contact No.		Insured Liability	Fully at Fault			
Require Finalisation	Yes	Preferend Repair Option	income to assign workshop	GIA report	Received	
Date Registered	02/04/2018 15:55	Claim Close Date		Date Received	03/04/2019 14:10	
Report Taken By	Jackson	Workshop Repeirer		Total Loss but Repaired		
Print AK letter						0.00
Hedification History						
⊕ Special Claim Creetic	nn Assroval					
Approvel		Reason				
Remarks  damage assessment	Attachment					
⇔ Vehicle Info						
Vehicle Make	MITSUBISHO	Vahicle Model	FuSO	Engine Capcity	5.28	
Date of Registration	29/08/2016	Classis No.	FK62PMA30148			
Towing Required *	● Yes ○ No	Vehicle in IDAC *	● Yes ○ No	Parallel Import *	○ Yesk ® No	
Type of Tender *	Own Damage	Assessor Name *	SIMON	Survey Current Status		
1DAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA			
Windscreen Parts & Labour		Total Loss +	○ Yes ® No			
Cost		Scrape Value(\$)		Economical Repair Value(\$)		
Market Value(\$)		AND MADE THE OTHER P. P.				

Remark	REMARK IND OF REPAIR DAY: 9 DAYS, 1 X STECKER - REPLACE, 1 X REAR BOX - REPLACE, 1 X REAR BOX LH LOCK CATCH - REPLACE.							
→ Damage Listing								
NUMBER PLATE		Neo.	Part No. 32200101	Description NUMBER PLATE (PRONT)	Qty *	Repair Code *	v	×
Not Applicable ABS ABSORBER ACCELERATOR ACTUATOR		**						
ADVERTISEMENT STICK AIR BAG	EH ~			Save Submit				

# LKK Paya Ubi

From:

Tan Siew Choo <siewchoo.tan@income.com.sg>

Sent: To: Thursday, 5 April 2018 9:02 AM Hock Wah Motor Pte Ltd; NAC

Subject:

YP3795P, OD claim no: MT/0988526

Attachments:

door.jpg

Importance:

High

Dear IDAC and Hock Wah,

Learnt that veh is in IDAC (IDAC - pls confirm), kindly assist with the necessary arrangement asap.

Dear Hock Wah,

OD excess of \$600/- is applicable, pls assist to liaise with Mr Lim at tel: 97468240.

Survey required and you have to arrange personally at <a href="mailto:mtsurvey@income.com.sg">mtsurvey@income.com.sg</a>

No further supplementary will be applicable.

IDAC had confirmed: the vehicle door damage is not related to this accident matter.

Regards.

Without Prejudice

Tan Siew Choo
Senior Claims Executive
Motor Insurance
T+65 6430 7882
www.income.com.sg











Our Ref: MT/CA/OD/051/0988526-001/TSC

05 Apr 2018
HOCK WAH MOTOR WORKSHOP PTE LTD
BLK 3011 BEDOK NORTH AVE 4 #01-2008/10/12
BEDOK INDUSTRIAL PARK E

SINGAPORE 489977

Dear Sir

CLAIM NUMBER: MT/0988526-001

REPAIR OF VEHICLE NUMBER: YP3795P

We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as

follows:

Award Date: 05 Apr 2018

Make: MITSUBISHI Model: FUSO

Estimated Repair Days: 10

Location: NATIONAL ASSESSMENT CENTRE SERVICES

Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933

Benefits Applicable: N/A Excess Applicable: 600

Please note that supplementary items will not be allowed.

If you have any queries, please contact Tan Siew Choo at 64307882 or email us at motor@income.com.sg.

Yours sincerely Low Choo Mee Senior Manager Motor Insurance

# Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.



# NATIONAL ASSESSMENT CENTRE SERVICES (LKK GROUP)

51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park, Singapore 408933, TEL: 6841 0055 FAX: 6841 6315



# Vehicle Movement Form

Vehicle Che	eck-In			
Vehicle No:	YP3795P	_ Date In: _	Time In:	with Keys: Yes / No
			For Office us	e
Workshop (	Collection of Vehicle			
			workshop ote itd	
Collection D	ate: 04/04/18	Time:	14(9 with Keys: Yes) No	51
			wilson NRIC:	58734523
Signature: _	10/			
For office us	se			
Attended by:	ROSLINDA	•3	Approved by	
72 × 32 × 32	Return of Vehicle			
	to		with Key: Yes / No	
		1111101		
* Tow In / D Tow Man / V	Workshop Representative:		NRIC:	
Signature:			For office us	e
			Attended by:	
Owner Col	lection of Vehicle			
Collection I	Date:	Time:	with Key: Yes / No	
Owner:			NRIC:	
Signature:		•		
For office u	ise			
Attended by	,		Approved	by: